

THERAPIST DISCLOSURE & CONSENT TO TREATMENT

Education, Training & Experience:

B.A. Degree, *Western Washington University*, 1986

M.A. Counseling Psychology, *The Seattle School of Theology & Psychology*, 2014

26 years as a counselor, teacher, advocate, group facilitator and case manager focusing on abuse, trauma and severe & persistent mental illness.

Methods or Techniques and Type of Therapy Used and Provided:

I believe the therapeutic relationship to be a place where you and I can collaborate in safety and mutual respect to address the issues that are causing distress and pain.

My therapeutic style is holistic, empathic, psychodynamic, relational and interpersonal. Drawing on neurobiology, attachment theory and object relations, I provide trauma-informed care. When applicable I also incorporate evidence-based therapies such as cognitive behavioral therapy (CBT) and Dialectical Behavioral Therapy (DBT).

While I have both a Jewish and Christian background, people of all faiths or no particular faith and diverse backgrounds are welcome in my practice. I am not currently a specialist in LGBTQ2S issues, but all gender identities are welcome. For more in-depth information about my clinical stance, please visit my website bio page, www.mayasprague.com/about-maya.html.

While my practice abides by HIPAA laws, you should know that I contract with ***Prestige Medical Billing***, I consult with **other professionals** and participate in **consulting groups** to better serve my clients. There will be times when your information will be shared with these entities in order to bill for service and to receive consultation on your behalf. *The only other exception to your confidentiality is if you have expressed that you are a danger to self or others, if there is abuse or neglect of a child, the elderly or any vulnerable individual.*

Maya Sprague, MA, LMHC

Date

I have been provided with a copy of, and understand my therapist's Disclosure Information. I, hereby, consent to treatment.

Client or Guardian Signature

Date

Client Name (PRINT)



Maya Sprague
Holistic Psychotherapist

EMAIL & TEXTING

To protect your privacy, all emails and texts between you and Maya Sprague should be limited to scheduling and billing concerns. Maya does not provide counsel by email or text. Maya's email is HIPAA compliant, but it is still best to keep personal health information to a minimum. **I wish to send and receive emails from Maya Sprague at the following email address:**

_____ (Initial here)

OFFICE POLICIES

PHONE CALLS AND VOICEMAIL

You are free to call Maya's voicemail at any time regarding billing and scheduling concerns. Please keep your messages brief, as therapeutic content is reserved for your scheduled session time and voicemail is not a secure medium for personal health information.

SOCIAL MEDIA

Maya Sprague does not accept friend requests.

48 HOUR CANCELLATION POLICY

If you need to cancel your appointment for any reason, **please contact me at least 48 hours prior to the start time of your scheduled session.** If you cancel with less than 48 hours' notice, or simply do not show up for your session, even if you have insurance, you will be required to **personally pay** for that session. **My cancellation fee is \$90 and is due before further sessions are provided.** **Because life happens, and emergencies arise, each client is given two free session late-cancellations per year.** Exceptions to this policy can be made with the consent of the therapist.

CRISIS SITUATIONS & SUICIDE

If you find yourself in a crisis situation or are suicidal in between sessions and cannot reach Maya, please call **911** or the Crisis Clinic at **206-461-3222**. Maya Sprague does not work in crisis mode with her clients in her practice as she does not have the facilities to provide this level of care. If you find yourself a danger to yourself or others, it is strongly recommended that you call the crisis line, police or go to the nearest hospital to receive appropriate care.

CELL PHONE USE IN SESSIONS

Please silence your phone prior to entering the session, except for emergency situations.

HIPAA (PRIVACY LAWS)

In order to provide protection of your privacy and confidential information, a **Release of Information Form** must be signed for each person/entity with whom you wish for Maya Sprague to communicate. This includes family members, friends, prior therapists, doctors, et al.

RESPONSIBLE PARTY FOR PAYMENT

You are responsible for payment of services. **If your insurance company refuses payment for any reason, you will be billed directly for all accrued session fees.** Sessions cancelled within the 48 hour cancellation policy window and "no-shows" **will automatically be billed directly to you,** not your insurance company.

NSF FEES

A \$35.00 fee will be charged for each returned check.

**I have read and understood Maya's office policies _____ (client's Initials here).*

**I have been offered copies of signed documents _____ (client's initials here).*

1622 3rd Street
Suite 9
Marysville, WA 98270



425.418.2949
maya@mayasprague.com
www.mayasprague.com